

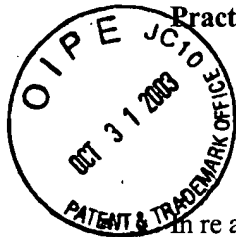
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TECHNOLOGY CENTER R3700

PATENT

Practitioner's Docket No. CM-108



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lohr, et al.

Application No.: 10/065,308

Filed: 10/02/2002

For: PRECISION VARIABLE RATE DISPENSING VALVE

Group No.: 3753

Examiner: Stephen M. Hepperle

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1540, Alexandria, Virginia 22313-1450.

Date: 28 October 2003

Sally Pray-Ayers
Signature

Sally Pray-Ayers
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) | | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | |
|--|---|-------|---------------------------------------|------------------|------------------------------|---------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee |
| Total | 10 | Minus | 10 | = 0 | x \$18 = | \$0 |
| Indep. | 2 | Minus | 2 | = 0 | x \$86 = | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | +\$290= | \$0 |
| | | | | | Total Addit. Fee | \$0 |

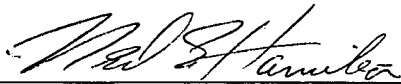
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-1052.
 If any additional fee for claims is required, charge Account No. 50-1052.

Date: 28 October 2003



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